



Trinidad & Tobago Police Retirees Association

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Patron: Commissioner of Police

Vision

“To be a vibrant, inclusive association providing for the enrichment and wellbeing of our members”

APPLICATION FOR MEDICAL REFUND

I Reg. No.

Address

Phone # Nos. (HOME) (CELL)

do hereby apply for a refund of: Doctor’s Visit Medical Test/Treatment.

Eye Test Eye Glasses Dental Examination Dental Care

Purchase of Prescribed Drugs (*please tick the appropriate refund claim*)

In the sum of:

(\$) which was received at the Doctor’s Office or Medical Institution on
..... day of 20.....

I hereby certify that the above claim is true to the best of my knowledge and belief. I am aware that should I supply information in support of my claim which is incorrect or which I do not believe to be true my claim may be rejected.

Signature of Applicant Date

Approved for Payment by Date

Mission

“To provide care and support to our members to enrich their lives through volunteerism, respect, camaraderie and integrity as they pursue their social and financial needs and well-being”